

**U.S. Department of Justice
Flexible Work Options Request Form**

(To be completed for new/formal flexible work option only)

I. Employee completes this section	
Name	Date of Request
Job Title/Grade	Component
Specify the flexible work option requested (including a description of the work option, proposed schedule, total weekly hours and proposed duration of the work option). Your component Worklife Program Coordinator can provide guidance on available work options in your component.	
How will your proposed schedule sustain or enhance your and your organization's ability to get the job done?	
Discuss the potential problems that your changed schedule could create and how you suggest overcoming them with each of the following groups? a) customers; b) co-workers; c) your supervisor; and d) others?	
If applicable, describe any additional equipment/expense that your arrangement might require.	

Detail any short (less than 4 mos.) or long-term (4 mos. or more) cost savings that might result from your schedule.

What reasonable work products and evaluation criteria would you propose for you and your supervisor or manager to assess how your performance is meeting or exceeding expectations? (Think about whether your Performance Worklife is sufficient or if it needs to be revised).

How frequently do you propose progress be monitored?

II. Manager completes this section. Upon completion of this section, one signed copy should be given to the employee, one copy forwarded to your component Worklife Program Coordinator and the original retained in your files. Contact your component Worklife Program Coordinator if you would like guidance on how to respond to the request.

Request for a Flexible Work Option is:

☐ approved as requested ☐ modified and approved ☐ declined

If modified or declined this request, please explain why:

Manager's Signature

Date

Employee's Signature

Date

Beginning Date of Work Option

Ending Date of Work Option

--	--